

Community House Watch Application

The San Marcos Police Department and the San Marcos Citizen Police Academy Alumni Association, Inc. provide services under the Community House Watch project at no charge to residents. Neither organization can assure that no criminal activity will occur to the applicant's property while the resident is participating in the Community House Watch project and the applicant agrees to not hold either organization or their employees or volunteers liable for any criminal activity occurring to the applicant's residence or property.

Please Print or Type. All information must be answered. Failure to provide all requested information may result in this application being rejected.

Full Legal Name: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Date & approximate time the last person will leave your residence: _____

Date & approximate time the first person will return to your residence: _____

You ☐ own ☐ rent ☐ lease your residence. Number of **adults** living in residence: _____

List all others living at residence. If additional space is needed, please attach a separate page.

Name: _____ Emergency Contact Phone: _____

Name: _____ Emergency Contact Phone: _____

Name: _____ Emergency Contact Phone: _____

Name: _____ Emergency Contact Phone: _____

If you rent or lease this residence, provide the following:

Owner/Manager's Name _____ Work Phone: _____

Home Phone: _____ Mailing Address: _____

Emergency Contact Information: Information where you can be contacted while you are away.

Cell Phone: _____ Telephone: _____ Pager: _____

E-mail Address: _____ Other: _____

Residential Information: If additional space is needed, please attach separate page.

Is your residence on an alarm system? ☐ yes ☐ no

Do you currently have an alarm permit? ☐ yes, permit number: _____ ☐ no

If yes, what company provides the monitoring service? _____

Monitoring Service Phone: _____ Additional Phone: _____

Describe lights/lamps and their locations that will **always be on** while you are away: _____

Describe lights/lamps and their locations that will be **set on timers** while you are away. Also describe approximate times the lights/lamps will turn on and off. _____

Describe windows and their locations where the window's drapes or blinds will be left open while you are away. _____

Name of anyone with a key to your residence that does not live at the residence and that will be available while you are away.

Name: _____ Phone: _____
Name: _____ Phone: _____

Name of anyone that will have access to your property while you are away.

Name: _____ Phone: _____
Reason they have permission to enter your residence: (example: gardener, housekeeper, taking care of pets, etc.)

What areas do they have access to? (example: yard only, workshop only, house only, all areas, etc.)

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Will there be any pets left at your residence while you are away? ☐ yes ☐ no

If yes, please describe each pet left on the property or in the residence. For additional space, attach a separate page.

Type (dog, cat, etc.): _____ Color: _____

Location of pet on/in the property: _____

Is this pet currently vaccinated against rabies? ☐ yes ☐ no Is this pet known to bite? ☐ yes ☐ no

* If someone will be attending to the pet, remember to list that person above under "Name of anyone that will have access to your property while you are away."

Describe vehicles (make, model, color and license plate number) and their locations that will be left at your residence while you are away. If additional space is needed, please attach separate page.

Make (Ford, Chevy, etc.): _____ Year Model: _____ Color: _____

Where on the property will the vehicle be located? _____ License Plate #: _____

Is this vehicle registered in the H.E.A.T. (Help End Auto Theft) program? ☐ yes ☐ no

Would you like more information about the H.E.A.T. program? ☐ yes ☐ no

Applicant's Request for Service

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing information. I understand that any omission or false statement on this application will be cause to be disqualified from participation in the Community House Watch program. I understand that there is no charge for participation in the Holiday House Watch program. By making application for this service, I and my heirs promise not to hold liable the San Marcos Citizen Police Academy Alumni Association, Inc., any members of the San Marcos Citizen Police Academy Alumni Association, Inc., the San Marcos Police Department, or any employee of the City of San Marcos for any action that is a direct or indirect result of their involvement in the Community House Watch program.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Return this form as soon as possible, and no later than two working days before you leave on your trip. All information must be verified by the San Marcos Police Department before your application will be accepted.

Mail or hand deliver to: San Marcos Police Department **Fax to:** (512) 753-2192
2300 IH-35 South
San Marcos, TX 78666 ATTN: House Watch Program